R. C. No. 71 - 21 - 22. By FINANCE AND PERSONNEL COMMITTEE. February 21, 2022.

Your Committee to whom was referred R. O. No. 23-21-22 by City Clerk submitting a notice of claim from Randy Roth for alleged damages to his skid steer glass door when a stone hit it from a City worker's lawnmower; recommending filing the notice of claim. Committee I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____, 20___.

and adopted by the Common Council of the City of Sheboygan, Wisconsin, or the ______ day of ______, 20____.

Dated______ 20___. _____, City Clerk

Approved ______ 20 ___. _____, Mayor



R. O. No. <u>73</u> - 21 - 22. By CITY CLERK. June 7, 2021.

Submitting a notice of claim from Randy Roth for alleged damages to his skid steer glass door when a stone hit it from a City worker's lawnmower.

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CITY CLERK

		MAN	2	0	2021	
DATE	RECEIVED	MAI	4	0	2021	

RECEIVED BY	WILL
CLAIM NO	4-21

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

- 1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
- 2. Attach and sign additional supportive sheets, if necessary.
- 3. This notice form must be signed and filed with the Office of the City Clerk.

4.	TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.			
	TOO ARE CERIMING DAMAGE TO A VEHICLE.			
1.	Name of Claimant: RANDY ROTH RZR RENTAL LLC			
2.	Home address of Claimant: 6636 PARADISE LANE SHEB, FALLS WI			
з.	Home phone number: 920 946-4173			
	Business address and phone number of Claimant:			
5.	When did damage or injury occur? (date, time of day) 5-19-21 9:00 AM			
6.	Where did damage or injury occur? (give full description)			
	WAS BROKEN FROM A STONE THAT SHATTERED THE CLASS			
	STONE CAME FROM CITY LAWN MOKED			
7.	. How did damage or injury occur? (give full description) STONE SHATTERED			
	CLASS POOR ON SKIDSTEEN			
8.	If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:			
	(a) Name of such officer or employee, if known:			
	(b) Claimant's statement of the basis of such liability: STONE CAME FROM			
	LITY WORKERS LAWN MOWER AND SHATTERED STIP STEER			
	DooR			
9.	If the basis of liability is alleged to be a dangerous condition of public property, complete the following:			
	(a) Public property alleged to be dangerous:			
	(b) Claimant's statement of basis for such liability:			

DATE RECEIVED MAY 2 8 2021	RECEIVED BY					
	CLAIM NO. 4-2					
CLAIM						
Claimant's Name:	Auto \$					
Claimant's Address:	Property \$					
	Personal Injury \$					
Claimant's Phone No.	Other (Specify below) \$					
	TOTAL \$					
PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.						
WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM. (WISCONSIN STATUTES 943.395)						
The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$\frac{\sum_{\infty} \infty_{\infty} \infty_{\infty} \infty_{\infty}}{\limits_{\infty} \infty_{\infty} \infty_{\infty} \infty_{\infty}}.						
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SIGNED

ADDRESS: